PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10723653

1101-035												i	
		CLAIMS A	(Column 1)		(Column 2)			SMALL ENTITY		OTHER THAN			
TOTAL CLAIMS			15					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			\ \(\sum_{\text{innus}} 20=		* ø			X\$ 9=		OR	XS18=		
INDEPENDENT CLAIMS			mi	nus 3 =	* *\phi			X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT										
* If the difference in column 1 is less than zero, enter "0" in column 2							•	+145=		OR	+290=		
n/. / CLAIMS AS AMENDED - PART II								TOTAL	ALL ENTITY		OTHER		
	128/86	(Column 1)	,	(Colur		(Column 3)	1	SMALL		OR 1	SMALL		
AMENDMENT A	l	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 14	Minus	#2	0	=		X\$ 9=		OR	X\$18= \		
	Independent	*	Minus	***	3	=]]	X43=		OR	X86=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM		┚╽	+145=			+290=		
7							L	TOTAL		OR)	TOTAL		1
ADDIT. FEE										OR	ADDIT. REE		
		(Column 1) CLAIMS	1	(Colur		(Column 3)	1					1001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	*	Minus	##	<u> </u>	=]]	X\$ 9= :	•	OR	X\$18=		
	Independent	*	Minus	***		=] [X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							L	+145=		OR	+290= TOTAL		
ADDIT. FEE									OR	ADDIT. FEE			
		(Column 1)		(Colun		(Column 3)	•						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.*	Minus	**		=		X\$ 9= .		OR	X\$18=		
	Independent	*	Minus	***		=]	X43=		OR	X86=		
٩	FIRST PRESE	NTATION OF ML	-										
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL			
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE													
		ber Previously Paid					er four	nd in the app	ropriate box	in col	umn 1.		